



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PRIMARY CARE AND RURAL HEALTH  
P.O. BOX 570, JEFFERSON CITY, MISSOURI 65102  
800-891-7415 OR (573) 751-6219

## HEALTH PROFESSIONAL LOAN RECIPIENT SURVEY

**COMPLETE ALL APPLICABLE SECTIONS** **PLEASE TYPE OR PRINT IN INK**

### PARTICIPANT INFORMATION

NAME		SOCIAL SECURITY NUMBER		E-MAIL ADDRESS	
STREET		PROFESSIONAL LICENSE NUMBER			ISSUE DATE
CITY	STATE	ZIP CODE	TELEPHONE		
ARE YOU STILL ENROLLED IN SCHOOL?					
<input type="checkbox"/> YES <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME      CURRENT YEAR IN SCHOOL _____ EXPECTED GRADUATION DATE _____					
<input type="checkbox"/> NO      DATE STUDIES CEASED _____ OR      DATE OF GRADUATION _____					
PARTICIPANTS SIGNATURE				DATE	

If you are still in school/training have a representative of your program complete, sign and stamp the appropriate section below. If you are no longer attending school or have completed your education, please have your current employer complete the "Employment Section".

### SCHOOL SECTION

SCHOOL NAME	
STREET	
CITY	STATE
ZIP CODE	PHONE
FAX NUMBER	PROGRAM TYPE
SCHOOL START DATE	SCHOOL COMPLETION DATE

### RESIDENCY PROGRAM SECTION

PROGRAM NAME	
STREET	
CITY	STATE
ZIP CODE	PHONE
FAX NUMBER	PROGRAM SPECIALTY
RESIDENCY START DATE	RESIDENCY COMPLETION DATE

SCHOOL/RESIDENCY PROGRAM SIGNATURE	TITLE	DATE
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NOTARY OR SCHOOL/PROGRAM STAMP
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### EMPLOYMENT SECTION

EMPLOYER		POSITION TITLE	
STREET		CITY	
STATE	ZIP CODE	PHONE	
EMPLOYMENT SITE IF DIFFERENT THAN ADDRESS ABOVE			
EMPLOYMENT START DATE		HOURS WORKED PER MONTH	
EMPLOYER'S SIGNATURE			
TITLE			DATE

**ALL HEALTH PROFESSIONAL LOAN RECIPIENTS ARE REQUIRED TO COMPLETE AND RETURN SURVEY FORMS AT LEAST BI-ANNUALLY AND WHEN THEIR STATUS CHANGES. FAILURE TO DO SO WITHIN THE ALLOTTED TIME FRAME WILL RESULT IN A BREACH OF THEIR CONTRACT. IF YOU HAVE QUESTIONS, PLEASE CONTACT 800-891-7415.**